

**DEDHAM PARKS & RECREATION DEPARTMENT**  
**JU JU'S PLACE**  
**SPRING STROKE CLINIC**  
**April 5<sup>TH</sup> THRU MAY 27, 2010**

**NAME**\_\_\_\_\_ **AGE**\_\_\_\_\_

**ADDRESS**\_\_\_\_\_ **CITY**\_\_\_\_\_ **ZIP**\_\_\_\_\_

**PARENT/GUARDIANS NAME**\_\_\_\_\_

**PROGRAM...**

**10 & UNDERS...MONDAY & WEDNESDAYS**

**\$80.00 FOR DEDHAM RESSIDENTS**

**\$90.00 FOR NON DEDHAM RESIDENTS**

**11 & OVER....TUESDAY & THURSDAYS**

**\$80.00 FOR DEDHAM RESSIDENTS**

**\$90.00 FOR NON DEDHAM RESIDENTS**

**PLEASE CIRCLE YOUR AGE GROUP**

**10 & UNDER....MONDAY & WEDNESDAYS**

**11 & OVER.....TUESDAYS & THURSDAYS**

**BY MY SIGNATURE, I HEREBY RELEASE THE TOWN OF DEDHAM, PARKS  
& RECREATION DEPARTMENT FROM ANY LIABILITY REGARDING  
INJURY WHILE PARTICIPATING IN THIS PROGRAM...**

**PARENT/GUARDIANS SIGNATURE**\_\_\_\_\_

**DATE**\_\_\_\_\_